

ALERUS

HEALTH SAVINGS ACCOUNT TRANSFER REQUEST FORM

INSTRUCTIONS

- Use this form to initiate a direct transfer of funds from your HSA with another trustee/custodian to an HSA with Alerus Retirement and Benefits.
- Submit this completed form directly to your current trustee/custodian for processing.
- If you have any questions regarding rollovers or transfers to your HSA, please call 877.661.4727.

EMPLOYER INFORMATION (IF APPLICABLE)

Previous Employer Name	New Employer Name
------------------------	-------------------

ACCOUNTHOLDER INFORMATION

Last Name	First Name	Middle Initial	
Address	City	State	ZIP
Social Security Number	Date of Birth	Employer	
Telephone Number	Email Address		

ROLLOVER/TRANSFER

If I am requesting account closure, I authorize Alerus Financial, N.A. to liquidate the investments in my HSA Investment Account and wait 10 days to allow any outstanding debit card transaction (if debit card is applicable to my account) to settle before mailing the check for any remaining account balance, less any applicable account closing fee.

- Rollover** – Check will be made payable to HSA Accountholder and mailed to your address on file.

Please liquidate My entire account balance OR \$ _____ This transfer Will close my HSA Account OR Will not close my HSA Account

The IRS Code limits the number of rollovers that may be taken, how quickly rollovers must be completed and how the trustee or custodian must report the transaction. If you need additional information, please contact your tax advisor. By selecting this option, you are certifying to the bank that you have satisfied the rules and conditions applicable to your rollover and that you are making an irrevocable election to treat the transaction as a rollover. The funds you receive from the distribution of an HSA must be deposited into another HSA within 60 days from when you receive them. You are entitled to one distribution per year per HSA which may be rolled over. You are entitled to roll over the same assets only once in a twelve (12) month period.

- Transfer** – Check will be made payable to the receiving Administrator/Trustee/Custodian for the benefit of the HSA Accountholder and mailed to the address you provide below.

Please liquidate My entire account balance OR \$ _____ This transfer Will close my HSA Account OR Will not close my HSA Account

Name of Trustee	Make Check Payable To	Send Check to	
Alerus Financial, N.A.	Alerus Retirement and Benefits	c/o Alerus Retirement and Benefits	
Address	City	State	ZIP
P.O. Box 64535	St. Paul	MN	55164-0535

SIGNATURE

I certify that I am the HSA Accountholder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to this transaction. I assume full responsibility for this transaction and will not hold Alerus Financial, N.A. ("Alerus") liable for any adverse consequences that may result. I have not received tax or legal advice from Alerus and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by Alerus.

Signature of HSA Accountholder

Date